

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213536722

1.) CORPORATION NAME:

NATIONAL BENEFIT LIFE INSURANCE COMPANY

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ALLEN C. GOOLSBY

HUNTON & WILLIAMS

951 E BYRD ST RIVERFRONT PLZ E TWR

SCC ID NO: **F0218406**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,666,666

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE COURT SQUARE

CITY/ST/ZIP: LONG ISLAND CITY, NY 11120-0001

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RAUL RIVERA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/PRES/CEO		
ADDRESS:	ONE COURT SQUARE		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11120-0001		
NAME:	LARRY WARREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EX VP/CHIEF ACT		
ADDRESS:	ONE COURT SQUARE		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11120-0001		
NAME:	STACEY GEER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE COURT SQUARE		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11120		
NAME:	Frederick Wilkinson Kanner	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Court Square		
CITY/ST/ZIP/CO:	Long Island City, NY 11120		
NAME:	Joseph Gary Condon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Court Square		
CITY/ST/ZIP/CO:	Long Island City, NY 11120		
NAME:	Donald Kramer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Court Square		
CITY/ST/ZIP/CO:	Long Island City, NY 11120		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elliot Wohl DIRECTOR One Court Square Long Island City, NY 11120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sheila Ruth Wyse SVP One Court Square Long Island City, NY 11120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Francis Gill SVP One Court Square Long Island City, NY 11120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey Scott Fendler DIRECTOR One Court Square Long Island City, NY 11120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STACEY GEER		STACEY GEER, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			